

# ALL-HEALTH



established 2003

South Carolina

## APPLICATION

[www.scdhec.gov/allhealth](http://www.scdhec.gov/allhealth)

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The All-Health Team is sponsored by S.C. DHEC, Lexington Medical Center, and WIS TV. The goal of the All-Health Team is to promote preventive health activities and awareness throughout South Carolina. The program is open to all of South Carolina's youth, teachers and adult leaders.

If you have a project, program, or activity that promotes preventive health, improves health, advocates healthy practices, or educates others about preventive health, and the project requires outside funding please consider applying to the All-Health Team. Awards will help purchase materials and equipment for your project. Youth award recipients who have developed their environmental activities independently may use their award for future educational expenses.

## **All-Health Team Monthly Grant Competition**

Monthly award recipients will receive a one-time award of \$500. The grant will help pay for materials and equipment to improve and expand preventive health education activities. This competitive awards program is open to all of South Carolina's youth (grades K-12), teachers and adult leaders.

### **Eligibility**

Health projects or programs created by individuals or a group of any size are eligible. The project may or may not be associated with a school. South Carolina's youth, teachers, and adult leaders involved in preventive health education activities outside of a school setting are encouraged to apply (4-H members, home-schoolers, Boy Scouts, Girl Scouts, etc.).

### **Applications**

Applications are accepted every month of the school year. One \$500 award will be awarded each month of the school year. Youth award recipients who have developed their health activities independently may use

their award for future educational expenses. Award recipients will also receive All-Health Team T-shirts and will be featured on the All-Health Team Web page. In addition, a 30-second television spot highlighting the grant recipient's project will be produced and will air for approximately one month.

In return, we ask award recipients to share the knowledge and expertise gained from conducting their project with local youth, teachers, and other interested parties.

Applications must be received by the 25th day of each month to be considered for an award the following month. Applications not selected will be held over for the duration of the school year and will automatically be considered for an award in subsequent months. There is no need to apply more than once per academic year.

**Application Portfolio**

A portfolio of materials submitted will be kept for each application. Applications are reviewed each month by the All-Health Team partnership. Additions to the portfolio are accepted at any time. Any additions submitted will be considered at the first monthly meeting after the additions are received. Applicants are strongly encouraged to submit updates of their projects including pictures, videos, newspaper or newsletter articles, and other examples that will help the committee to more effectively evaluate your entry. Digital pictures and other information can be e-mailed to AllHealthTeam@dhec.sc.gov. You can also call (803) 898-4584 or fax materials to (803) 898-0588.

**The All-Health Team Annual Awards Ceremony**

The Annual All-Health Team Awards Ceremony is held at the end of the school year in Columbia [Location to be named]. Representatives from each of the monthly award recipient groups will be invited to the Awards Ceremony. The top three health projects of the year will be chosen from the recipients of the Monthly Award Program. Annual awards will be distributed as follows:

First Team All-Health .....	\$5,000
Second Team All-Health .....	\$3,000
Third Team All-Health .....	\$2,000

**ALL-HEALTH TEAM  
AWARDS APPLICATION**

All of the following criteria must be met by applicants to receive a monthly award and annual awards. Student applicants and non-school related projects are not required to address items 1 and 2 below.

1. Teachers must be employed by a public or private school in South Carolina that primarily serves K-12 students.
2. Teachers must obtain the approval of their supervisor and principal, and (if applicable) their superintendent.
3. Complete the All-Health Team Application and information sheet.
4. Write a brief description of the project (maximum two pages) that addresses the following:
  - a. **Project Summary** including:
    1. *Summary statement:* Provide an overview of your project that explains your goals and objectives. This should be a very basic explanation that will provide the reviewing committee with an understanding of the purpose and expected outcomes of your project.
    2. *Financial need:* Describe how you will use the \$500 monthly award if your project is selected. Applicants should provide a detailed summary of their proposed budget.
  - b. **Project Description:** Describe precisely what your project will achieve—why, how, when, with what, and who will benefit. Applicants are strongly encouraged to submit photos, videos, or other materials that will help the selection committee gain a better understanding of the project.
  - c. **Dissemination of Information:** Award recipients will be required to share the knowledge and experiences gained from conducting this project with other interested parties in their areas, such as teachers, administrators, the general public, or health, science, and safety educators. This requirement can be satisfied by presenting your project to other teachers at a district in-service training session, creating a Web page to share information

with colleagues via the Internet, writing a newsletter article for use in applicable health and educational publications, or answering questions emailed to the All-Health Team Web site. Other creative methods of disseminating information will also be considered. Describe how you plan to share the preventive health knowledge gained through this project and the audience you intend to address (teachers, students, general public, etc).

5. Conduct the project and submit the results to the All-Health Team within one calendar year of notification of award.
6. If selected, disseminate information by presenting the results of your project to other educators or adult leaders in your area, at a district in-service training session or conference.
7. If selected, attend events including, but not limited to, the All-Health Team Kick-Off, media interviews, and All-Health Team Awards Ceremony, etc.
8. If selected, use grant award to implement/performance the project as indicated in the grant application and proposal.

Eligible expenses include supplies, materials, equipment, printing, incidental travel expenses, etc. Youth who develop preventive health activities independently can also use award money to pay for future educational expenses. Funds cannot be used to pay for food or certain promotional items. These funds are not intended for youth travel such as field trips or for the personal gain of the Project Director. Funds will be awarded to the school district or youth organization to implement the awarded proposal in the name of the teacher or program coordinator.

Awards will be based on the recommendation of the All-Health Team Awards Committee composed of the program partners. Announcement of the award recipients will be made on a monthly basis throughout the school year. The committee will read, rate, and determine the recipients of the awards. Each section is equally weighted. The ratings will be based on the following criteria:

- a. Originality of project
- b. Clearly stated goals and activities
- c. Realistic plan of action, results achieved
- d. Education/outreach component (dissemination of information)
- e. Proposed resources/ appropriateness of expenditures

# ALL-HEALTH TEAM MONTHLY AWARDS APPLICATION

*Mailing Address:*  
All-Health Team  
DHEC Health Services  
1751 Calhoun Street  
Columbia, SC 29211

Please check the correct box:

- ☐ I am a Teacher of K-12 students in South Carolina.  
☐ I am an adult leader of a youth organization.  
☐ I am a Student in grades K-12 in South Carolina.

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Proposed Project Title: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Number of youth involved: \_\_\_\_\_ Number of staff involved: \_\_\_\_\_

Project Coordinator: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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*(Please list the names and addresses of others involved in this project on back of this form.)*

School/Organization Name: \_\_\_\_\_

School District or County: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Teachers and adult leaders who receive a grant award will be expected to disseminate the preventive health knowledge and experiences gained through this project with other interested parties in their areas, such as teachers, administrators, the general public, or health and safety educators (see grant requirement 4-C on page 2). Do you agree to share the knowledge and expertise gained from this award-funded project if selected?

- ☐ Yes  
☐ No

If our project is chosen, we agree to abide by the criteria as set in the guidelines accompanying this application:

Signature of Project Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Student Applicant)

Signature of School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Teacher Applicants only)